

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13		1				
14		1				
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50						
TOTAL IND.	1					
TOTAL DEP.	6	↔	↔	↔		
TOTAL CLAIMS	7	██████	██████	██████	██████	██████

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.	↔	↔	↔	↔		
TOTAL CLAIMS	██████	██████	██████	██████	██████	██████